

Work Order ID 87450

87450

Page 1

July-19-12 9:48:48 AM

Item ID: D3696-041 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Arm Assembly
 Start Date: 7/10/12 Start Qty: 2.00 ***2*** Cust Item ID:
 Required Date: 8/03/12 Req'd Qty: 2.00 ***2*** Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 12/07/19 Tooling: _____ Date: _____
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____
 Run Start ***NR1***
 Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3696	Rev <u>ED</u>

100	BAND SAW	0.00							
100									
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut blank 17.600" long								

110	CONVENTIONAL MILLING MACHINE	0.00							
110									
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	MILL AS PER DWG AND FOLIO FA918								
	DWG REV: <u>D</u>								
	FOLIO REV: <u>AA</u>								

DEBURR

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: 12/1Date: 12/08/24QA Closed: TCDate: 8/24/12

Work Order: <u>87-150</u> Part No. <u>D 3696-041</u> NCR No. <u>12-1748</u>				DISPOSITION Rework <input type="checkbox"/> Scrap <input checked="" type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input checked="" type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
\$303.88											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>	12/08/19	110	1	1 part scrap. center drill plunge into the part. R.L. put wrong offset "Z" origin	DAS 16 8-8 657042 12/08/20	Scrap and replace Qty 1 Batch 114589	onf 12/08/19	ST 12-08-20	DAS 16 8-8 652042 12/08/20		
Equip/Tooling <input type="checkbox"/>											
Operator <input checked="" type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input checked="" type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input checked="" type="checkbox"/> Finish <input checked="" type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other	

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC2- Inspect parts off machine FAI/FAIB Memo	0.00 0.00		on 12/08/09		2	0		
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00		SL 12-08-20		2			
140 *140* HandFinish Hand Finishing	Chemical Conversion Coat per QSI005 4.1 Memo	0.00 0.00				2		NG 12-8-21	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3	0.00				2X	Ø		M-F 12/08/21
150									
Powdercoat	Memo	0.00							
Powder Coating	1- mask prior to painting as per dwg (see note 8) START TIME: 2:30 OVEN TEMPERATURE: 320°F FINISH TIME: 3:00								
160	QC3- Inspect Part Finish	0.00				2 Ø			12-08-21
160									
QC	Memo	0.00							
Quality Control									
170	Small Fab	0.00				2	Ø		FF 12-08-22
170									
Small Fab	Memo	0.00							
Small Fab	1-Install Helicoil 2-Press Bushing 3-Install Plunger								

NCR: Yes / No

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
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Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

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Page 4

July-19-12 9:48:48 AM

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Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start ***NR1***
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180 *180* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 Smb 0.00 12-8-22	DAS 16 12/00/22			2			
190 *190* Packaging Packaging	Identify as per dwg & Stock Location 249A Memo	0.00 0.00				2	2	12/8/23	
200 *200* QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00 0.00							

MLJ 12/08/24
 MK
 12-08-23

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

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Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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FAULT CATEGORY				
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Picklist Print

July-19-12 9:48:47 AM

Page 1

Work Order ID: 87450

Parent Item: D3696-041

Parent Item Name: Arm Assembly

Start Date: 7/10/12

Required Date: 8/03/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A New Issue 08-05-01 JLM Verified By:EC
IPP Rev:B 08-07-22 redesign part (prelim) DD verified by:EC IPP REV:C NOW ON CNC
MILL 10-03-17 JLM VERIFIED BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M7075T6B1.000X1.000 7075 T6 BAR 1.00 x1.00		Purchased	No			100	f	12.0000	1.53	3.0615308			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT008		12							
				114589		12							
D3799-1 Oilite Bronze Bushing		Manufactured	No			170	Each	41.0000	1	2			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST063		41							
				44915		41							
D3801-3 Hand Retractable Spring Plunger		Manufactured	No			170	Each	8.0000	1	2			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST064		8							
				55571		8							
MS21209C8-20 Heli Coil Insert		Purchased	No			170	Each	163.0000	1	2			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST304		143							
				108066		143							
				ST305		20							
				120274		20							

3.07 *mk 12/08/08*
② FF 12-08-22
2
② FF 12-08-22
2
② FF 12-08-22

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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FAULT CATEGORY				
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SHOP COPY
RETURN TO
ENGINEERING
UNCONTROLLED COPY
SUBJECT TO AMENDMENT
WITHOUT NOTICE
WORK ORDER

RELEASED
2010-05-17
ind



D3696-041 NOTES:

- 1) MATERIAL: N/A
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
POWDER COAT GREY SANDEX (4.3.5.6) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK: SHARP EDGES: N/A
- 6) IDENTIFICATION: IDENTIFY WITH DART P/N "D3696-041" USING FINE POINT PERMANENT INK MARKER LOCATED APPROXIMATELY AS SHOWN
- 7) WEIGHT: 1.88 lbs
- 8) FACE D3799-1 OILITE BRONZE BUSHING FLUSH TO D3696-1 ARM AS REQUIRED ON BOTH SIDES PRIOR TO POWDER COATING
- 9) MASK SHOULDER AS SHOWN PRIOR TO POWDER COATING.

NCR: Yes / No

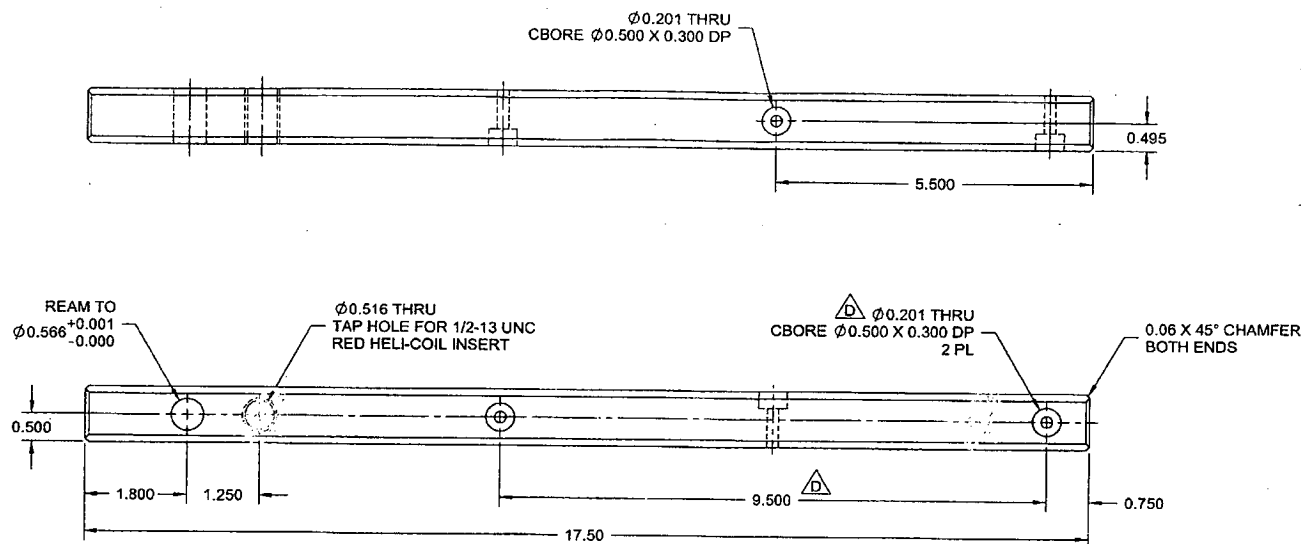
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07450



D3696-1 ARM

RELEASED
2010-05-13
AM

D3696-1 NOTES:

- 1) MATERIAL: 7075-T6 (OR T651/T6510/T6511/T62) ALUMINUM BAR
PER AMS-QQ-A-225/9 (OR AMS 4122/4123/4186/4187) OR
PER AMS-QQ-A-200/11
REF. DART SPEC. M7075T6B
- 2) FINISH: SEE SHEET 1
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: NONE
- 7) WEIGHT: 1.62 lbs

DESIGN		DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED		DRAWING NO. D3696	REV. D
MFG. APPR.		TITLE	SHEET 2 OF 2
APPROVED		ARM ASSEMBLY	SCALE
DE APPR.			NTS
DATE	10.05.06	<small>COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION OF DART AEROSPACE LTD.</small>	

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY			
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order: 87450
Description: ARM		Part Number: D3692-1
Inspection Dwg: D3696 Rev: D		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Drawing Dimension	Tolerance	Actual Dimension	Accept	Reject	Method of Inspection	Comments
Ø.201	+ .005 - .001	Ø.202	—		Vern 11-06	
Ø.500	+ .006 - .001	Ø.501	—		"	
1.300	± .010	1.301	—		"	
5.500	± .010	5.490	—		"	
1.495	± .010	1.495	—		"	
1.13	± .030	1.140	—		"	
990	+ .000 - .010	988	—		"	
1.000	± .010	999	—		"	
1.500	± .010	1.500	—		"	
1.800	± .010	1.802	—		"	
1.250	± .005	1.251	—		"	
Ø.566	+ .001 - .000	Ø.567	—		"	
Ø.516	+ .008 - .001	Ø.516	—		"	
9.500	± .005	9.500	—		"	
1.750	± .010	1.742	—		"	
Ø6X45°	± .030 X ± 1/2°	Ø6X45°	—		"	

Measured by: <i>aml</i>	Audited by: <i>X</i>	Preliminary Approval:
Date: 12/08/19	Date: 12-08-20	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	

10.04.15

80
75
70
65
60
55
50
45

19-00000

OC-80-0